

Name  
in  
Full

Clarence Ballard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Crisfield</i>		Town		<i>Somerset</i>		County		MARYLAND	
Date of death 190 <i>9</i>		Month <i>aug</i>		Day <i>23</i>		Age <i>15</i>		Years	
Sex <i>male</i>		Color or Race <i>Blk</i>		Birth-place <i>Crisfield Md</i>		Months		Days	
Occupation <i>Driver &amp; Oyster Opener</i>		Where Residing if not at place of death <i>Crisfield, Md</i>		Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>none</i>		Father's Name <i>William Ballard</i>	
Mother's Maiden Name <i>Henrietta Luten</i>		How related to deceased <i>Uncle</i>		Name of person giving Information <i>David Moddox</i>		Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cause of Failure was dead <i>when I arrived</i>		How long <i>178</i>	
Immediate <i>when I arrived</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Coulbourn,</i>	
Accident or Suicide <i>X</i>		Address <i>Crisfield, Md.</i>	



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

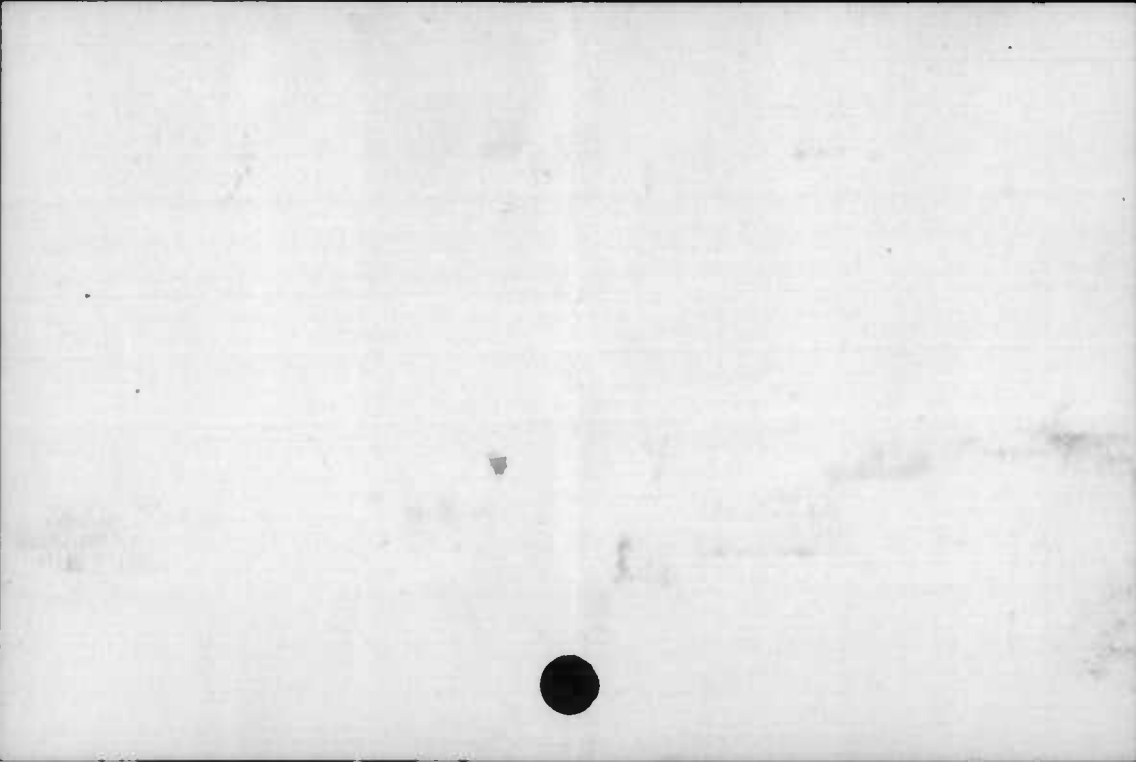
## CERTIFICATE OF DEATH

MARYLAND

Died at		Town		County			
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birthplace			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

Primary	Influenza - (?)	How long	February 1909
Immediate	Pneumonia (Bronchial)	How long	8 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		Merwin E. Stidler	
Address		Lawrence - Han	
Accident or Suicide?		(Westover - Maryland)	



### CERTIFICATE OF DEATH

## MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Date of death	1909	Month	June	Day	7	Age	83	Months	23	Days	-
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Sex *Male* Race *White* place *Amesbury* *W.*

Occupation *Merchant* Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Marine O. Jaybon

Father's Name *Thomas Garbon* Father's Birthplace *Portugal*

Mother's  
Maiden Name *Wartter* *Hogman* Mother's  
Birthplace *Unknown*

Name of person giving Information	H. V. C. Foster	How related to deceased	Son
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### CAUSES OF DEATH

Primary	General debility	How long	7 years
	insident	How long	

Immediate *[Signature]*

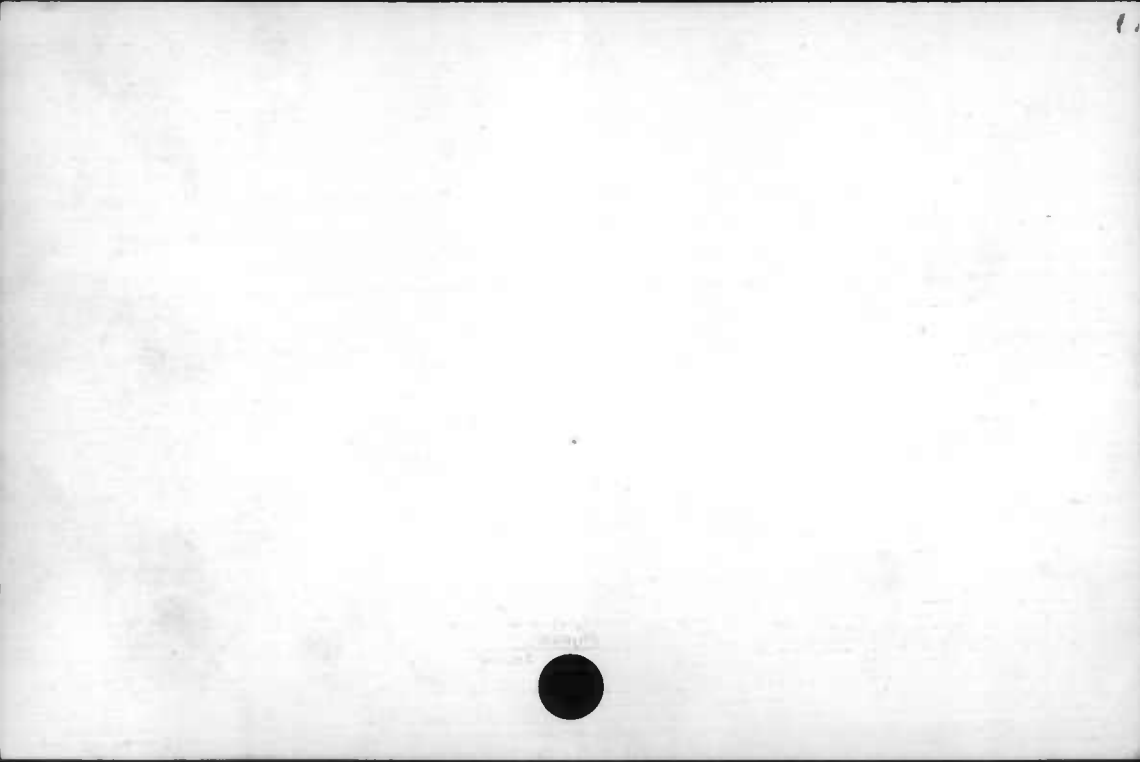
Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

Address

### Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Columbus Bivens

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Chance Town Somerset County MARYLAND

Date of death 1909 Aug 26 Month 26 Day 5 Years 5 Months - Days

Sex Male Color or Race Black Birth-place md

Occupation Oysterman Where Residing if not at place of death -

Married, Single or Widowed Married Name of Wife or Husband Esther Bivens

Father's Name Don't know Father's Birthplace Virginia

Mother's Maiden Name Don't know Mother's Birthplace Virginia

Name of person giving Information Esther Bivens How related to deceased Wife

CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary Cancer of liver How long 6 mos.

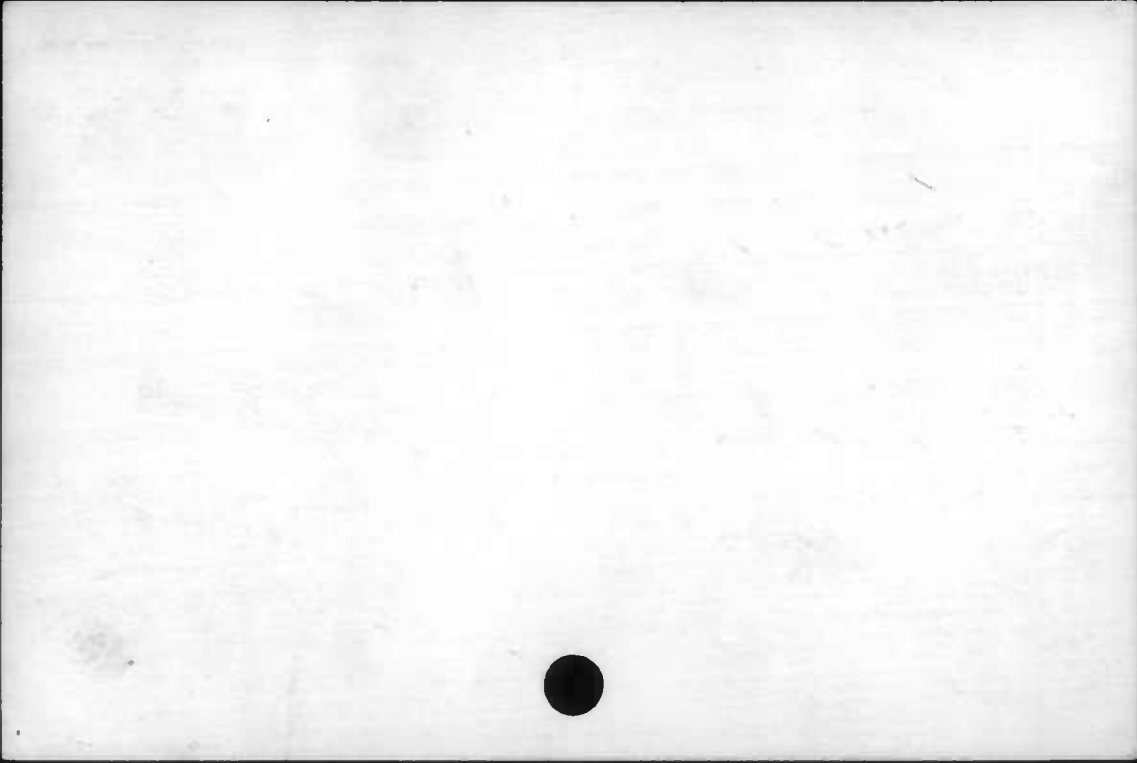
Immediate Arteriosclerosis How long -

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician D. J. Winder, M.D.

Address St. Louis, Mo.

Accident or Suicida -





Name

is Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Katie A. Bradshaw*  
 Died at *near Crisfield* Town *Somerset* County *MARYLAND*  
 Date of death *1909 Aug 9* Month *9* Day *9* Age *46* Years *7* Months *11* Days  
 Sex *Female* Color or Race *white* Birth-place *md*  
 Occupation *housework* Where Residing if not at place of death  
 Married, Single or Widowed *Married* Name of Wife or Husband *Andrew J. Bradshaw*  
 Father's Name *John M. Lawason* Father's Birthplace *md*  
 Mother's Maiden Name *Nancy W Ward* Mother's Birthplace *md*  
 Name of person giving Information *Miss Emma* How related to deceased *Sister*

## CAUSES OF DEATH

Primary *Cancer of Uterus* How long *42* *12 mos*  
 Immediate *"* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER

*J. F. Somers,*  
*Crisfield*  
*md.*

19.09

1863

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46

28 lower Buckets

White ①

① mixed.

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Name  
in  
Full

Sarah Ruth Breeling Lane

CERTIFICATE OF DEATH

Died at <sup>Town</sup> *Week P. O.* <sup>County</sup> *Somerset.*

MARYLAND

Date of death 190 <sup>Month</sup> *9* <sup>Day</sup> *Aug* <sup>Years</sup> *23* Age <sup>Months</sup> *30* <sup>Days</sup> *—*Sex *Female* Color or Race *White* Birth-place *Somerset Co Md.*Occupation *House wife* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *H. G. Breeling Lane*Father's Name *Louis W. Pusey* Father's Birthplace *Somerset Co Md.*Mother's Maiden Name *Sarah P. Pusey* Mother's Birthplace *Somerset Co Md.*Name of person giving Information *S. Mack Pusey* How related to deceased *Niece*

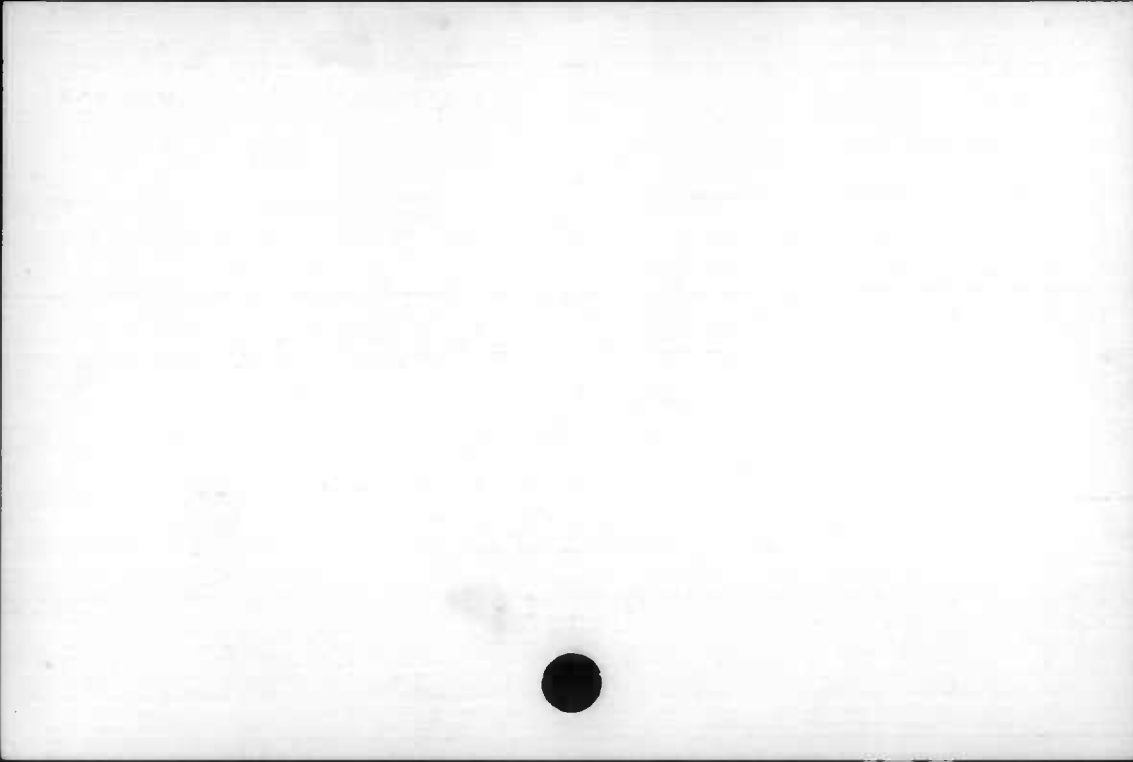
## CAUSES OF DEATH

140

Primary *Miscarriage* How long *3 days*Immediate *Eclampsia* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. L. G. Boring L.*Address *Princess Anne - Md.*

Accident or Suicide

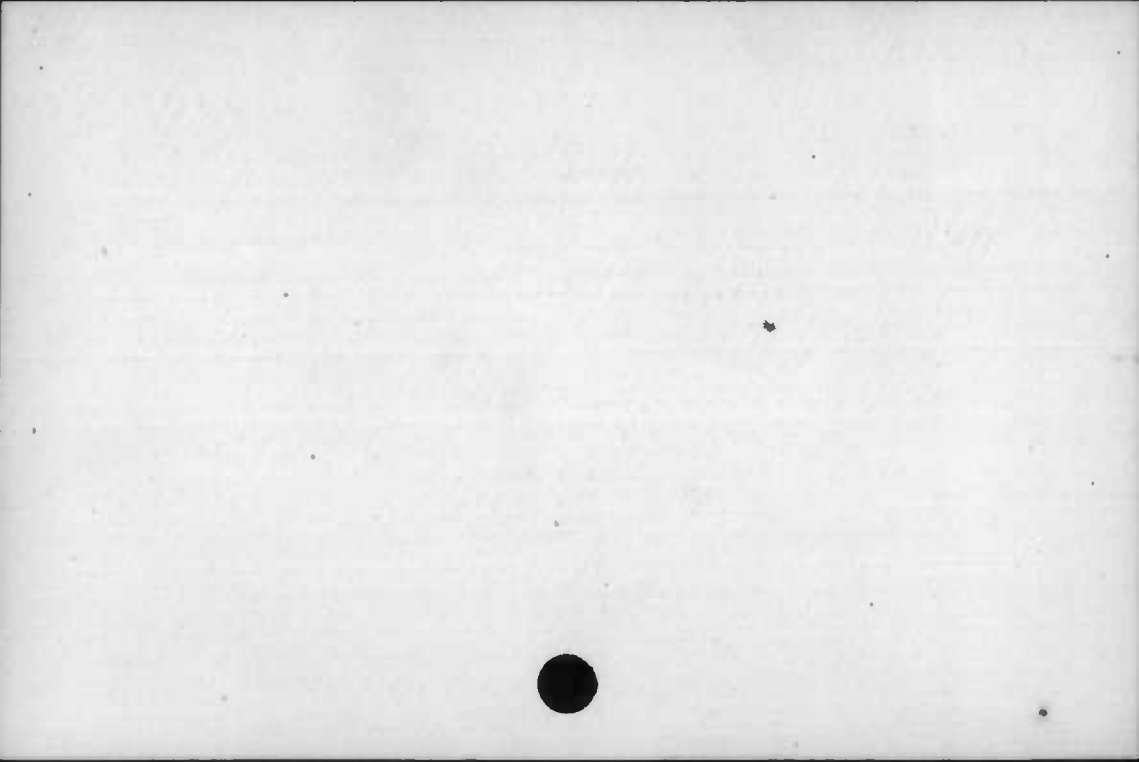
TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Town				County		CERTIFICATE OF DEATH	
Belle Butler						Dorchester		MARYLAND	
Died at		Penellee neck							
Date of death		1909	Month	Day	Age	Years	Months	Days	
			Aug	14		30			
Sex		Female				Color or Race		White	
						Birth-place		md.	
Occupation		Housewife				Where Residing if not at place of death			
Married, Single or Widowed		Married				Name of Wife or Husband			
						Frank M Butler			
Father's Name		James Foxwell				Father's Birthplace			
						md.			
Mother's Maiden Name		Knox Ballard				Mother's Birthplace			
						md.			
Name of person giving information		Frank Butler				How related to deceased			
						Husband			
		CAUSES OF DEATH				27			
Primary		Pulmonary Tuberculosis				How long			
						2 yrs.			
Immediate		Several Asthenia				How long			
						Progressive			
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician			
						Chas. T. Fitchman			
						Address			
						Princeton Ave, md.			
Accident or Suicide?									

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name  
in  
Full

No Name Infant Collier

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

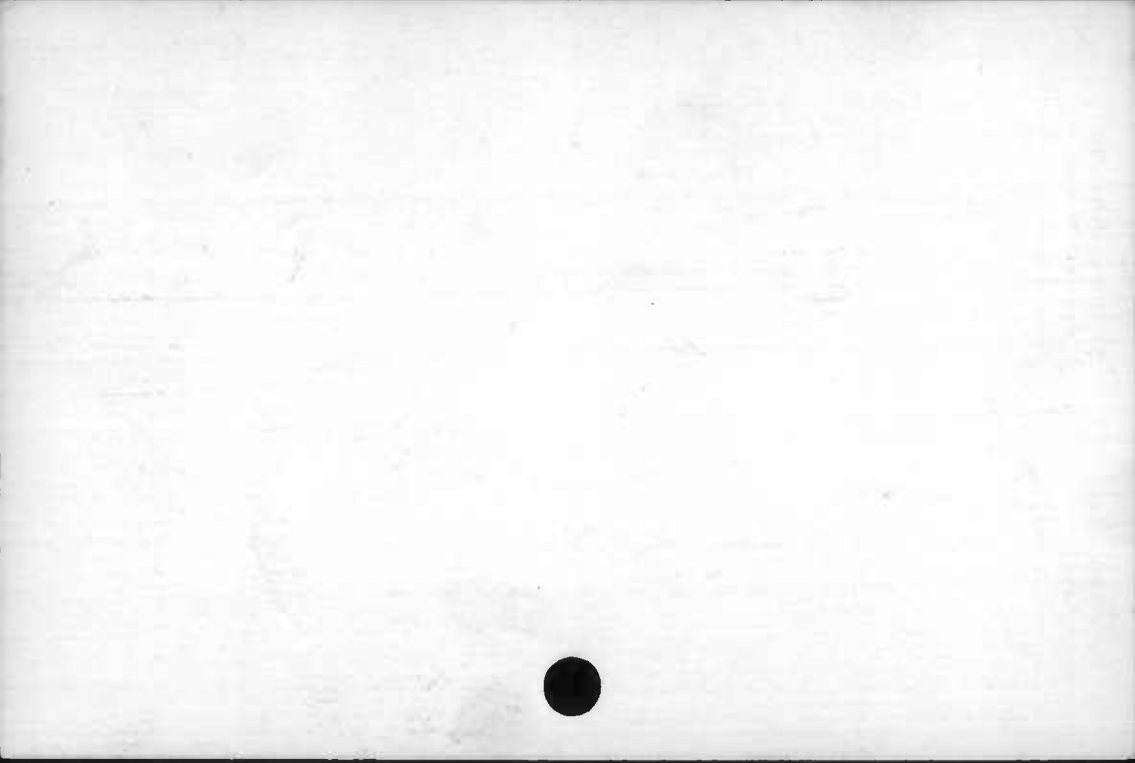
Died at <u>Deal's Island</u> Town		<u>Somerset</u> County		MARYLAND	
Date of death 1909 <u>Aug</u> Month		<u>15</u> Day		<u>5</u> Years	
Sex <u>Male</u>		Color or Race <u>White</u>		Birthplace <u>Deal's Island</u>	
Occupation <u></u>		Where Residing if not at place of death <u>Deal's Island</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u></u>			
Father's Name <u>Melvin Collier</u>		Father's Birthplace <u>Somerset Co</u>			
Mother's Maiden Name <u>Leora Jackson</u>		Mother's Birthplace <u>Somerset Co</u>			
Name of person giving Information <u>Leora Jackson</u>		How related to deceased <u>Mother</u>			

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <u>Congenital Debility</u>	How long <u>2 days</u>
Immediate <u>Atterment</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. G. Alexander</u>
<u>Killed by Undertaker</u>	Address <u>Somerset Co.</u>
Accident or Suicide	





Name  
in  
Full

Merime M Calloway

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Merime M Calloway</u>		County <u>Somerset</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>8</u>	Day <u>31</u>	Age <u>✓</u>	Years <u>9</u>	Months <u>✓</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth place <u>Somerset Co Md</u>		
Occupation <u>✓</u>	Where Residing if not at place of death <u>✓</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>✓</u>				
Father's Name <u>C. H. Calloway</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Effie Boyman</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>C. H. Calloway</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>4 days</u>
Immediate <u>Aschem</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. J. Smith (not in attendance)</u>
	Address <u>Princeton Ave Md</u>
Accident or Suicide	



Name  
in  
Full

Ruby Blanche Cooke  
Town  
Lawsoria  
County  
Somerset

CERTIFICATE OF DEATH

MARYLAND

Died at Lawsoria

Date of death 1909 Aug 1 Age 3 Months Days

Sex Female Color or Race White Birth-place Lawsoria Md

Occupation None Where Residing if not at place of death Md

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Edw Cooke Father's Birthplace Crisfield Md

Mother's Maiden Name Emma Evans Mother's Birthplace Crisfield Md

Name of person giving Information Edw Cook How related to deceased Father

CAUSES OF DEATH

Primary Cause of Death  
Acute Enteritis -  
Immediate Cause of Death  
Convulsions

105  
How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. H. Coulbourn M.D.  
Address Crisfield Md

Accident or Suicide no

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elmer D. Dennis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *near Eden* Town *Eden* County *Washington* ~~Maryland~~ **MARYLAND**

Date of death 190 *9* Month *Aug* Day *21* Age *16* Years Months *10* Days *21*

Sex *male* Color or Race *Colored* Birth-place *Id*

Occupation *Work on farm* Where Residing if not at place of death *Id*

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Jerome Dennis*Father's  
Birthplace*Id*Mother's  
Maiden Name*Annie T. Hutton*Mother's  
Birthplace*Id*Name of person giving  
Information*Jerome Dennis*How related  
to deceased*Father*

## CAUSES OF DEATH

**27**

Primary

*Tuberculosis*

How long

*about 6 mos*

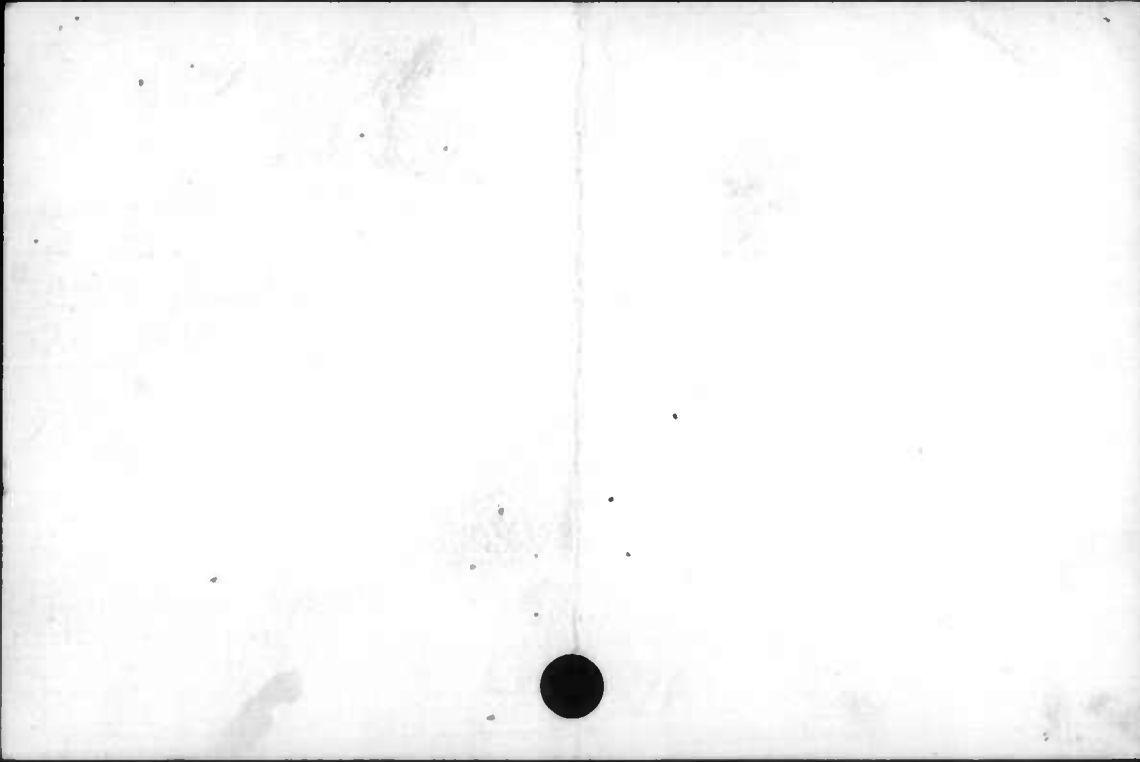
How long

Immediate

Are the name, age, sex, color, data  
and place correctly given above?*yes*Signature of  
Physician

Address

*J. A. T. Long*  
*alluv*  
*md.*~~Accident or Suicide~~PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Ray Hayward*  
Town *Somerset* County *Somerset* MARYLAND

Died at *Somerset*

Date of death *1909 August 11* Age *19* Months *4* Days

Sex *Male* Color or Race *Negro* Birth-place *Somerset Co.*

Occupation *Farmer* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Henry Hayward* Father's Birthplace *Somerset Co.*

Mother's Maiden Name *Hester Bishop* Mother's Birthplace *Somerset Co.*

Name of parson giving Information *Hester Bishop* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN  
OR CORNER

Primary *Typhoid fever* How long *2 weeks*

Immediate *Result of typhoid* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *P. W. C. Smith M.D.* Address *Locust W. Ind., Wm. Wells County*

Accident or Suicide





Name  
in  
Full

Charles Aldrich Hearn

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Crisfield Town Somerset County  
Date of death 1909 Month 8 Day 9 Age 2 Years  
Sex male Color or Race Black Birth-place Crisfield  
Where Residing if not at place of death Crisfield

Married Single  
or Widowed

Name of Wife or  
Huband

Father's Name Nola C. Hearn

Father's Birthplace Crisfield

Mother's Maiden Name Emma Watson

Mother's Birthplace Somerset Co

Name of person giving Information Father

How related to deceased —

CAUSES OF DEATH

Primary Typhoid Fever  
Immediate Heart Failure

How long 2 weeks

How long 2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

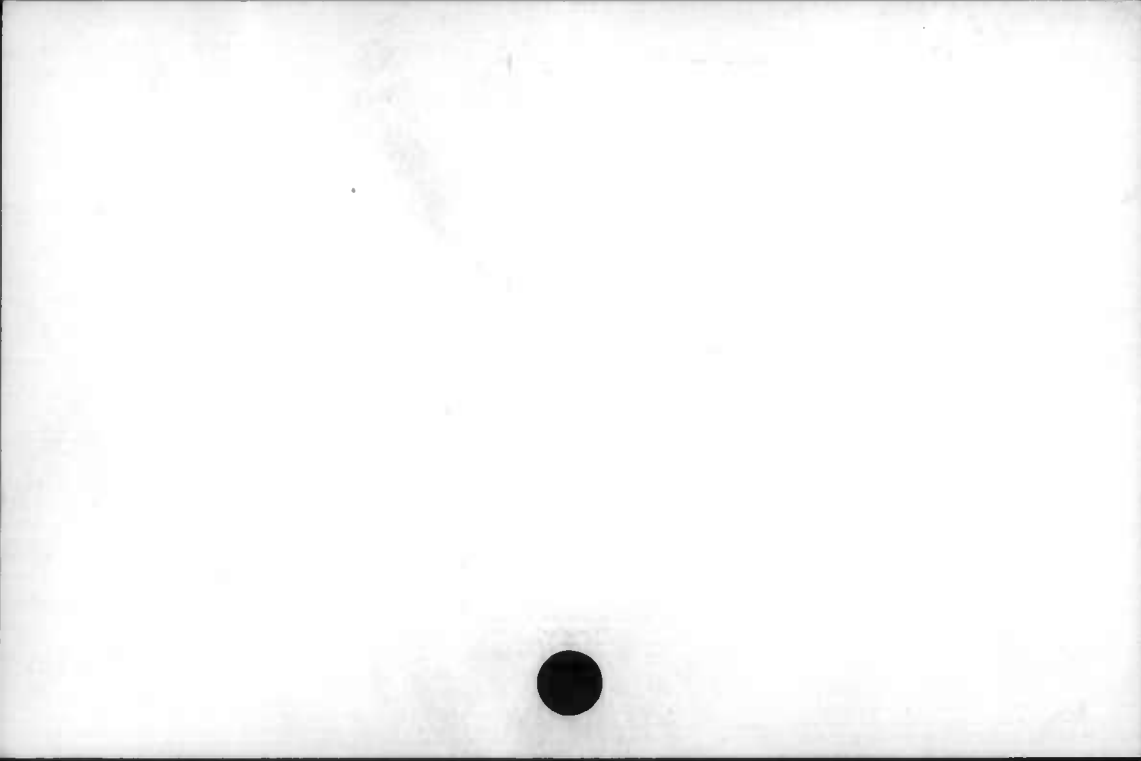
C. C. Ward

Address

Crisfield

Accident or Suicide —

PHYSICIAN  
OR CORONER



Name  
in  
Full

Saelonia, D. Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

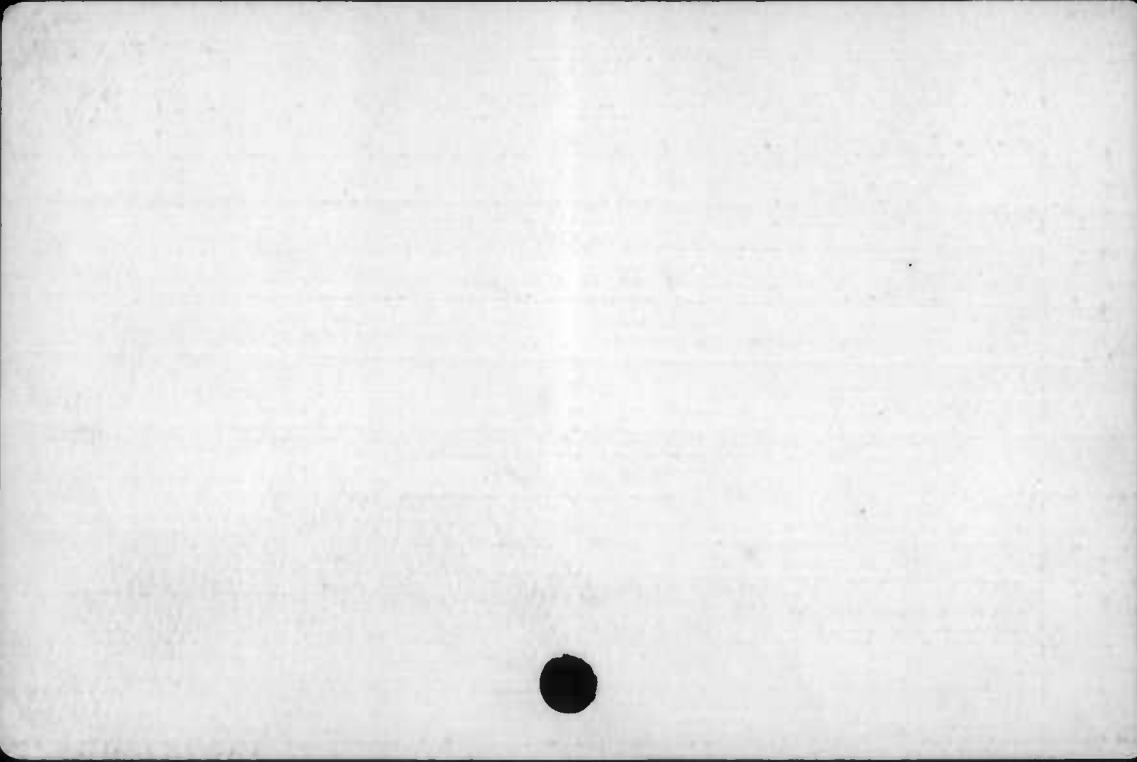
Died at <u>Town</u> <i>Seamons</i>		County <i>Seamons</i>		MARYLAND	
Date of death	190 <i>7</i>	Month <i>August</i>	Day <i>19</i>	Age <i>—</i>	Years <i>10</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Seamons</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Seamons</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Samuel Johnson</i>	Father's Birthplace <i>Seamons</i>				
Mother's Maiden Name <i>Sarah Zupin</i>	Mother's Birthplace <i>Seamons</i>				
Name of person giving information <i>Samuel Johnson</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Leathin</i>	How long <i>North</i>
Immediate <i>Weakness</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. S. Miller</i>
	Address <i>Seamons</i>
Accident or Suicide?	



Name  
in  
Full

Samuel Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Deal Island <sup>Town</sup> Somerset <sup>County</sup> MARYLAND  
Date of death 190 9 <sup>Month</sup> Aug. <sup>Day</sup> 16 <sup>Years</sup> 3 <sup>Months</sup> 3 <sup>Days</sup>  
Sex male Color or Race Black Birthplace Deal Island  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

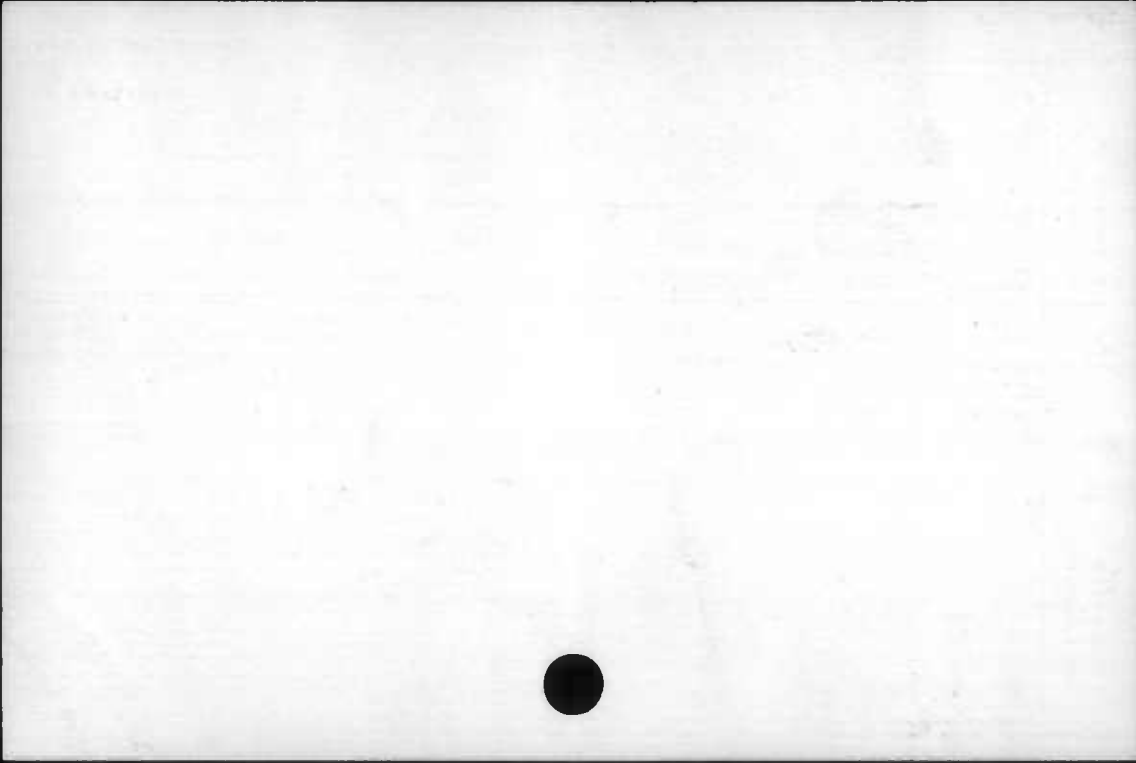
Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name Georgie Jones Father's Birthplace md  
Mother's Maiden Name Tommie Robinson Mother's Birthplace md  
Name of person giving Information Georgie Jones How related to deceased mother

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary Malnutrition How long Since birth  
Immediate Asthma How long \_\_\_\_\_  
Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician Chas. F. Schwabke  
Address Deal Island  
Accident or Suicide \_\_\_\_\_ md



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Sarah A Kirwan*

Died at *Mt Vernon* Town *Somerset* County **MARYLAND**

Date of death *1909 Aug 30* Age *67*

Sex *Female* Color or Race *White* Birthplace *Somerset Co*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *J. H. Kirwan*

Father's Name *Isaac Holland* Father's Birthplace *Somerset Co.*

Mother's Maiden Name *Mary Ford* Mother's Birthplace *Somerset Co.*

Name of person giving Information *J. H. Kirwan* How related to deceased *Husband*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Apoplexy* **64** How long *6 hours*

Immediate *Yes*

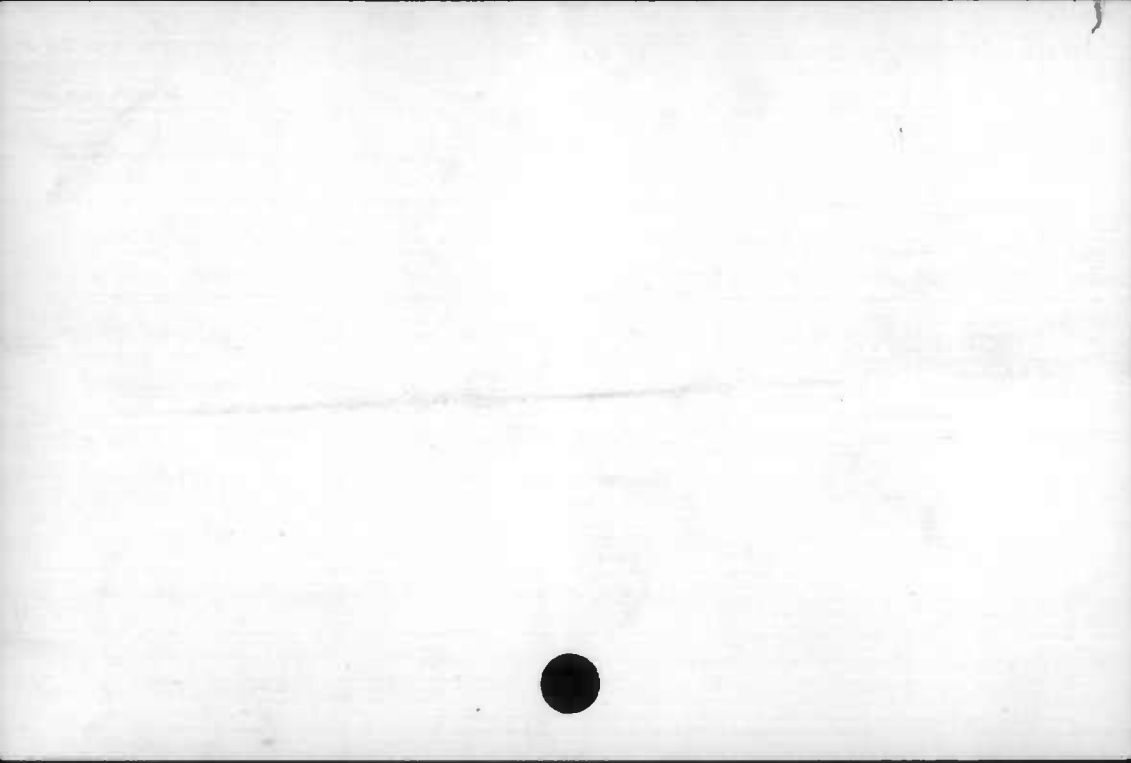
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. A. Bann M.D.*

Address *Trigges Run Md*

*P. O. No. 2.*

Accident or Suicide





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Wm Lang Jr* Town *Wellington* County *Somerset* MARYLAND  
 Disd at *Wellington*  
 Date of death 190 *9* Month *8* Day *14* Age *✓* Years *10* Months *4* Days  
 Sex *male* Color or Race *white* Birth-place *ind.*  
 Occupation *✓* Where Residing if not at place of death *✓*  
 Married, Single or Widowed *Single* Name of Wife or Husband *✓*  
 Father's Name *Wm Lang* Father's Birthplace *ind.*  
 Mother's Maiden Name *Mary Ross* Mother's Birthplace *ind.*  
 Name of person giving Information *Joseph G Scott* How related to deceased *son*

CAUSES OF DEATH

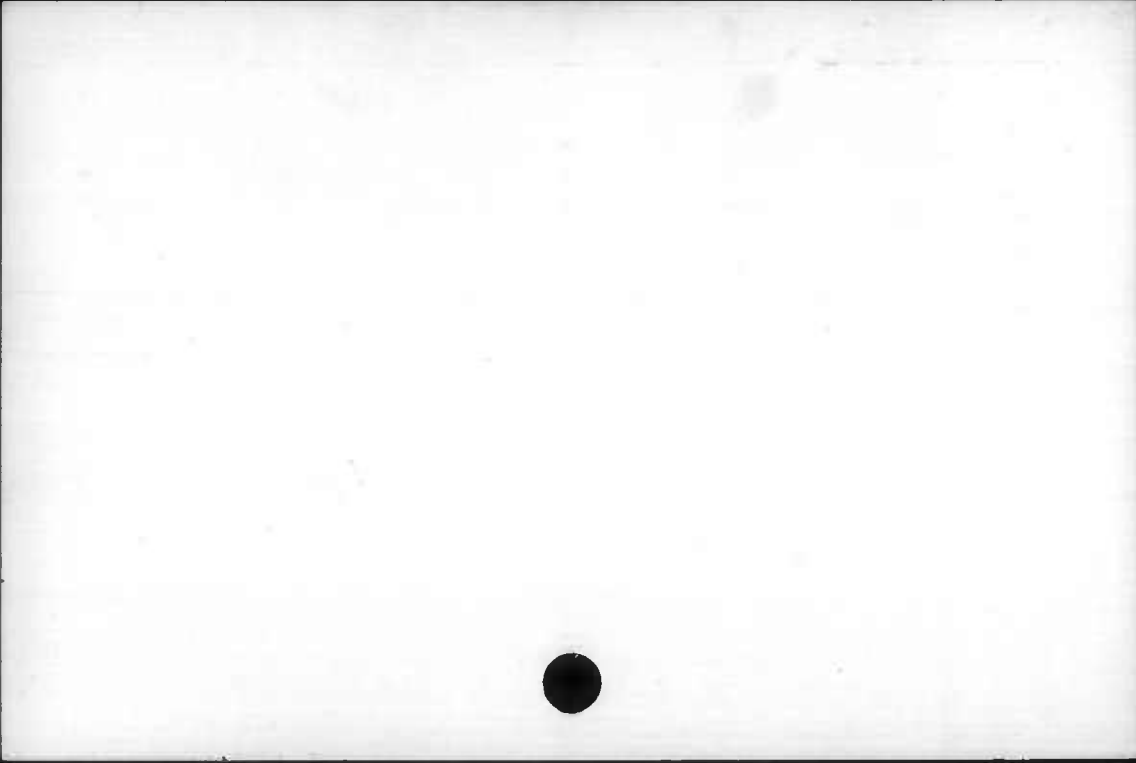
105

PHYSICIAN  
OR CORONER

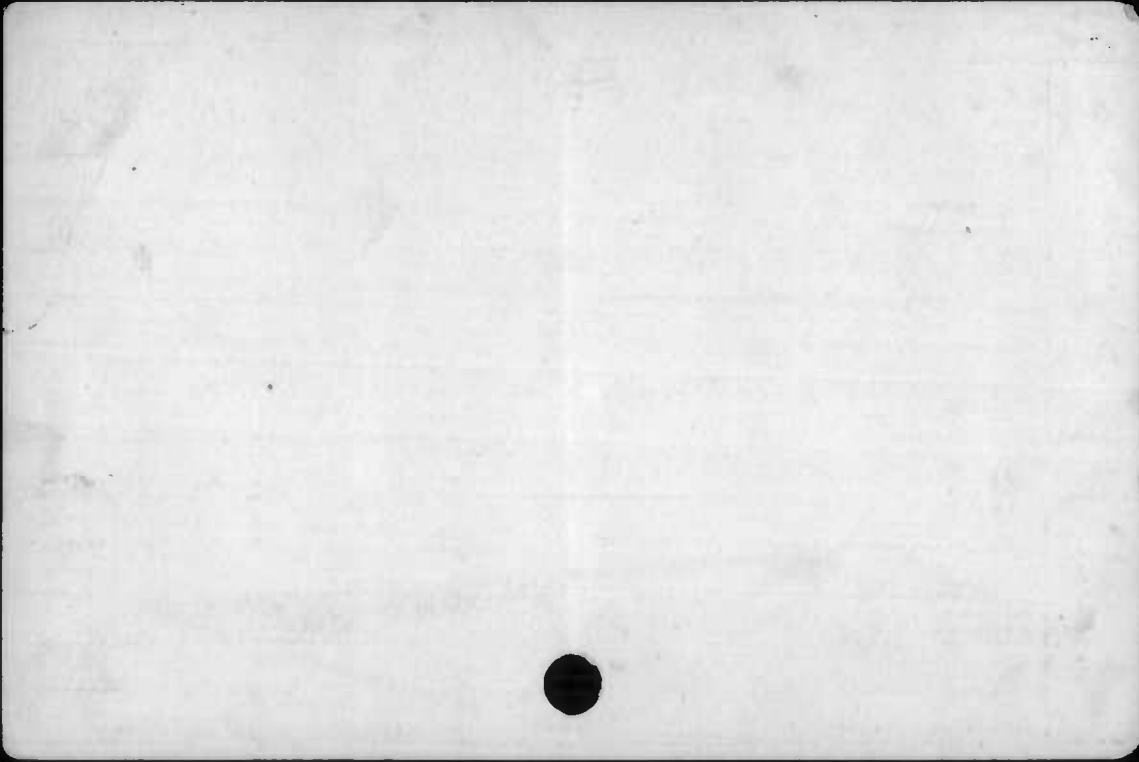
Primary *Acute Intestinal Indigestion* How long *1 week*  
 Immediate *Intoxication (intestinal)* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*  
 Signature of Physician *William T. Fisher M.D.*  
 Address *Princeton Avenue, ind.*

Accident or Suicide



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Upper Fairmount</i>		County <i>Somerset</i>		MARYLAND	
	Date of death <i>1909</i>	Month <i>April</i>	Day <i>Sunday</i>	Age <i>51</i>	Months <i>5</i> Days <i>15</i>	
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Somerset, Va</i>		
	Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Rumby, Md</i>			
	Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Samuel E Meredith</i>				
	Father's Name <i>Joseph Hamilton Newton</i>		Father's Birthplace <i>Maryland</i>			
	Mother's Maiden Name <i>Brown</i>		Mother's Birthplace <i>Maryland</i>			
	Name of person giving information <i>Samuel E Meredith</i>		How related to deceased <i>Son</i>			
<div style="text-align: center;"> <b>CAUSES OF DEATH</b> <span style="font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px; float: right;">27</span> </div>						
PHYSICIAN OR CORONER	Primary <i>Pulmonary Consumption</i>		How long <i>12 Months</i>			
	Immediate <i>General Consumption</i>		How long <i>12</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr E S Miller</i>			
			Address <i>Upper Fairmount Somerset Va</i>			
Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Chas Austin Powell*

Town *Crisfield* County *Somerset* MARYLAND

Died at *Crisfield*

Date of death *1909 Aug 15* Age *22* Months *-* Days *-*

Sex *male* Color or Race *white* Birth-place *Crisfield*

Occupation *clerking in grocery store* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband *-*

Father's Name *Robert Lee Powell* Father's Birthplace *Ind*

Mother's Maiden Name *Florence Dougherty* Mother's Birthplace *Ind*

Name of person giving Information *Florence* How related to deceased *mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis* How long *7 years*

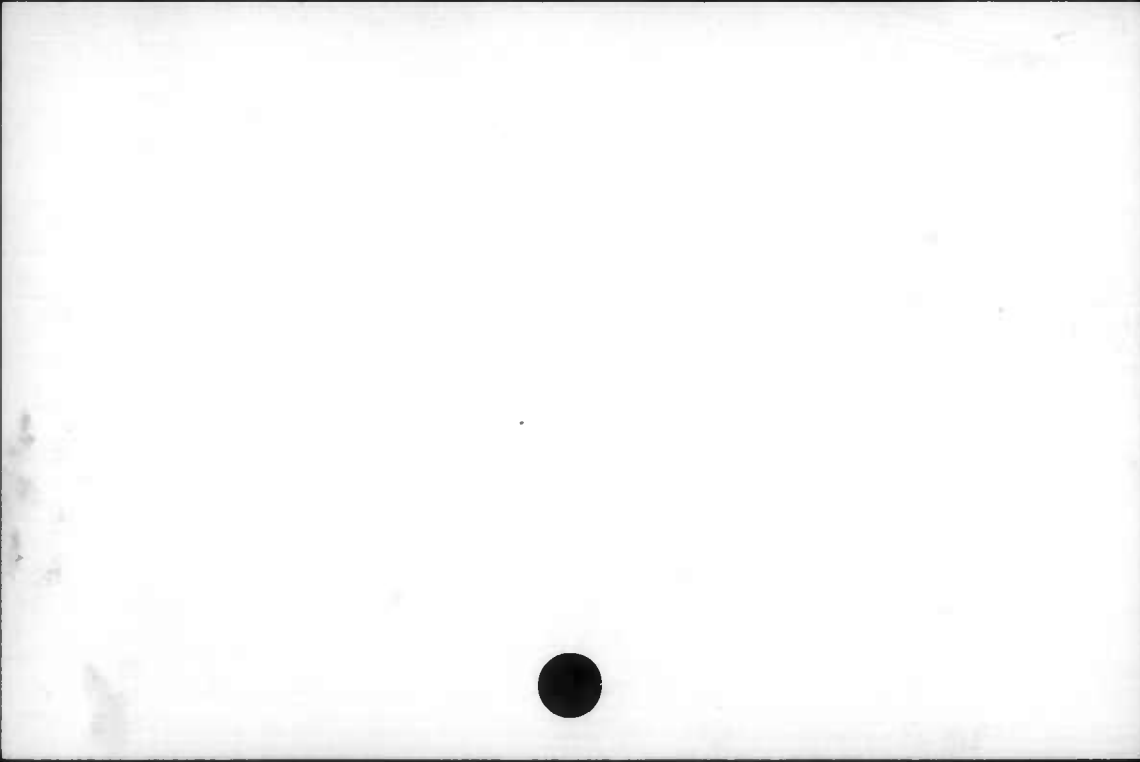
Immediate *-* How long *-*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *W F Hall*

Address *Crisfield*

Accident or Suicidal *no*



Name  
in  
Full

CERTIFICATE OF DEATH

Marriss Rawley

Town

County

MARYLAND

Died at St Paul's

Somerset

Date

Month

Day

Years

Months

Days

of death

1909 Aug 29 Age 27

Sex

Female

Color or  
Race

Black

Birth-  
place

Virginia

Occupation

House work

Where Reiding if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

James Rawley

Father's  
Name

Joe H. Gumbly

Father's  
Birthplace

Accokee Co

Mother's  
Maiden Name

Birth Unknown

Mother's  
Birthplace

VA

Name of person giving  
Information

Hardin Full Sheriff

How related  
to deceased

None

CAUSES OF DEATH

Primary

Gun Shot wound

How long

176

Immediate

Hemorrhage

How long

Instantly

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Le E. Ballin

Address

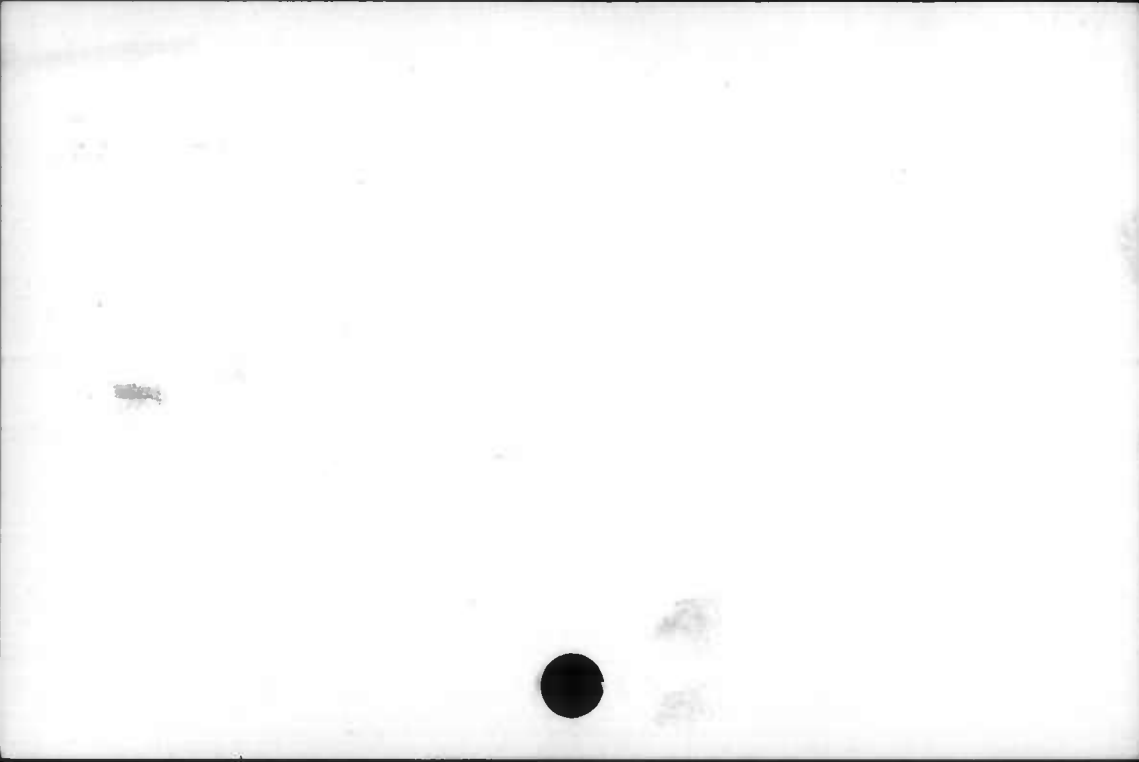
Crisfield

Accident or Suicide

Homicidal

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *John Smith* Town *Crane* County *Somerset* MARYLAND

Died at *Crane* Date of death *1909 Aug 22* Age *60* Months ☒ Days ☒

Sex *male* Color or Race *white* Birth-place *MD*

Occupation *Cyprusian* Where Residing if not at place of death *Same*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Catharine Smith*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Chas Parks* How related to deceased *Son-in-law*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cerebral Hemorrhage* How long *2 wks*

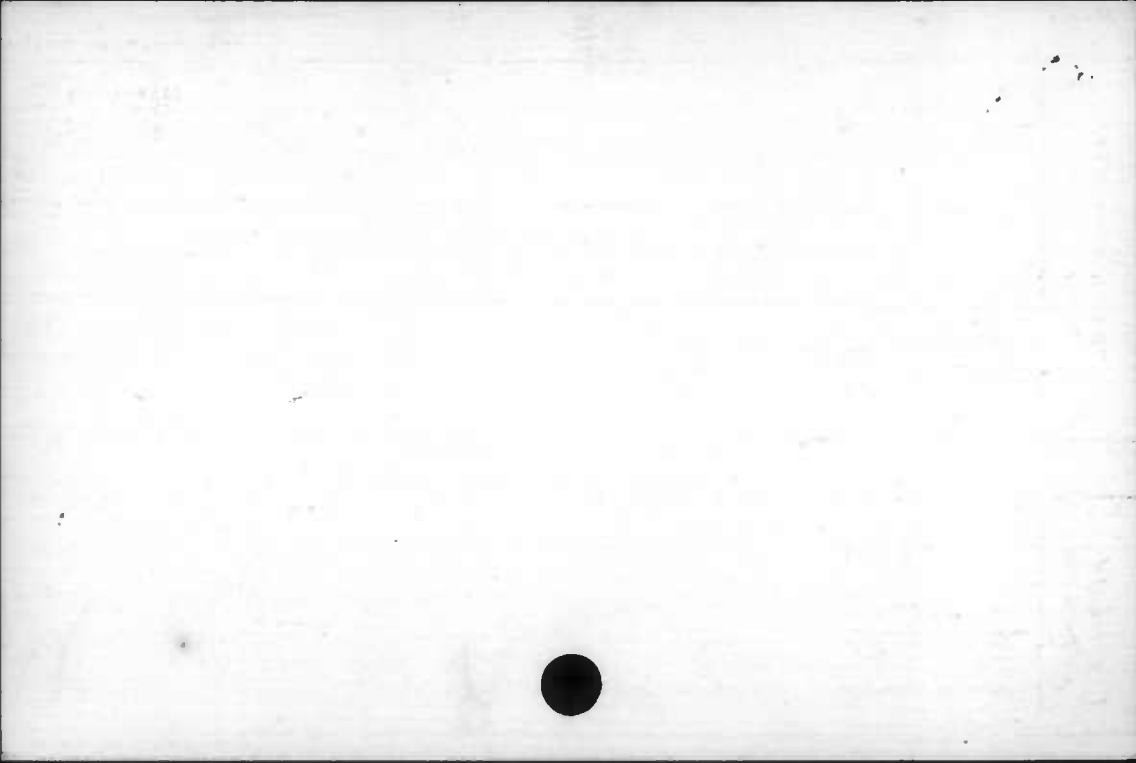
Immediate *Cardiac Failure* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Robt Lloyd MD*

Address *Crane*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sam's Quarter</i>		Town <i>Sam's Quarter</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Aug</i>		Day <i>13th</i>		Age <i>23</i>	
Sex <i>Girl</i>		Color or Race <i>White</i>		Birth-place <i>Som, Co</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Clarence White</i>				Father's Birthplace <i>Som, Co</i>			
Mother's Maiden Name <i>Carrie Windsor</i>				Mother's Birthplace <i>Som, Co</i>			
Name of person giving information <i>Carrie White</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Ill. C. White</i>		How long <i>2 weeks</i>	
Immediate <i>asthma</i>		How long <i>2</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S. L. Windsor, MD</i>	
		Address <i>Sam's Quarter</i>	
		<i>Som, Co, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

*Sam'l Young*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Princess Anne</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1909</i>	<i>Aug</i>	<i>9</i>	<i>59</i>	<i>—</i>	<i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dorchester Co Md</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or <i>Widowed</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

*114*

PHYSICIAN  
OR CORONER

Primary	<i>Cholerae typhoides + Nephritis</i>	How long	<i>2 months</i>
Immediate	<i>Albuminuria</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>M W Golebroong</i>	
		Address <i>Princess Anne Md.</i>	
Accident or Suicide			

